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The Healing Dimension of *Grenzerfahrung* in Trauma Recovery

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Abstract: In the face of current trauma research, Jaspers' concept of *Grenzsituation* as the boundary situation of death and suffering will be discussed. These two boundary situations are utilized as an appropriate metaphor to address the stages of trauma, trauma response, and trauma integration. Trauma itself is an overwhelming, life-threatening event leading to a post-trauma response that can range from acute stress disorder to post-traumatic stress disorder, and comorbidity of mood-, eating-, anxiety-, or dissociative disorders and substance abuse. The prevalence of traumatic etiologies in the above conditions has been under discovery in the multidisciplinary field of trauma research over the last couple of decades. Providing a brief overview of recent trauma research related to the specific boundary situations of death and suffering, we contrast Jaspers' trauma observations with PTSD diagnostic symptoms. In addition, Jaspers' historical boundary situation of the beginning is addressed in the context of identifying as a predictor for adult trauma adaptation the importance of secure infant attachment and the neurophysiology of early stress response. The current understanding of multigenerational trauma transfer also supports Jaspers' observation of one's embeddedness in the family system as a fundamental notion one needs to actualize. In conclusion, a phenomenological trauma treatment approach, Systemic Family Constellation Work, is introduced and briefly discussed. This approach can serve as an experiential venue to address Jaspers' notion of moving through a boundary situation by inducing an immersion field experience that can afford to participants a temporary expansion of self with lasting changes in their trauma perception.

By the end of the twentieth century, a new body of work in psychology, medicine, and the biological sciences has emerged around the phenomenon of trauma as observed in individuals exposed to natural catastrophes, war, and interpersonal violence. The findings prompted the recognition of post-traumatic stress disorder (PTSD) as a legitimate and clearly identifiable medical condition in patients. The consequent entry of PTSD into the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III, 1980) sparked the interest of researchers and practitioners to reframe some of the historical understanding of psychiatric diagnosis in dissociative disorders and mood and eating disorders, and made unresolved traumatic events a major contributor of illness formation.

> The development of post-traumatic stress disorder (PTSD) as a diagnosis has created an organized framework for understanding how people's biology, conception of the world and personalities are inextricably intertwined and shaped by experience. The PTSD diagnosis has reintroduced the notion that many "neurotic" symptoms are not the result of some mysterious, well-nigh inexplicable, genetically based irrationality, but

> of people's inability to come to terms with real experiences that have overwhelmed their capacity to cope.[1]

The complexity of the aftermath of traumatic events reaches deep into a person's concept of self, one's relationship to others, and the world at large. Psychological treatment does address all these areas over time, but most challenging for treatment is the functional disruption of the autonomic nervous system with its distortion of sensory processing at the level of the central nervous system (CNS). This conundrum is a hallmark feature of PTSD.

Modern advances in the neurosciences, especially in brain imaging and neurotransmitter metabolite testing, have confirmed the relevance of tracing psychological changes in their physiological correlates. This holds true particularly for PTSD. In this context, it is relevant to recognize the contribution of Karl Jaspers as a valuable mediation between neurophysiology and experience. "The basic concept of the body-psyche whole can be greatly modified," Jaspers writes, "but it has never lost its fundamental feature—that of *oneness* that is recognisable and absolute."[2] The understanding of *Gestalt*-formation in psychic reality requires the development of sensitivity for form and movement (cf., *GP* 265). Leaving behind Cartesian dualism, conscious experience of inner worlds (psyche) and corresponding somatic, biological experiences (body) are now perceived as unison of inner activity and relationship to the outside world. A healthcare professional faced with the challenges of a patient, who experiences the multi-facetted arrays of symptoms after an overwhelming traumatic event, can utilize this concept of oneness to introduce a "holistic container" for the therapeutic relationship.

Grenzerfahrung and Trauma

Jaspers' concept of *Grenzerfahrung* (boundary situation) refers to an ultimate situation that is suitable to clarify the conceptual limitations a person faces when exposed to an traumatic experience: the shattering of meaning and internalized value structures, and the existential threat of physical survival. As humans, we find ourselves immersed in "situations" as existence, where we are embedded into an ever-changing reality that demands our responses and interaction. Jaspers calls this "a *sense-related reality*—neither psychological nor physical, but both in one,"[3] and

> since existence means to be in situations, I can never get out of one without *entering into another*. Any understanding of situations means that I proceed toward transforming them; it does not mean I might change my condition itself. There is nothing I can do about my being in situations. The consequences of whatever I do will confront me as a new situation which I have helped to bring about. (*P*2 178)

What Jaspers calls a "boundary situation" is a situation with seeming limitation to personal existence. Boundary situations inflicted by death and suffering happen to us as part of existence, whereas struggle and guilt happen as a response to the human condition.

> Death and suffering are boundary situations that exist for me without any action of mine. At a glance I see them exhibit features of existence. Struggle and guilt, on the other hand, are boundary situations only as I help to bring them about; they are my own active doing. But they are boundary situations, because in fact I cannot be without bringing them upon myself. There is no way in which I might hold back, since by merely existing I take part in their constitution. (*P*2 204)

Jaspers identifies four types of specific boundary situations, death, suffering, struggle, and guilt. We will focus on the two trauma-specific boundary situations and one other boundary situation that Jaspers places into the domain of "historically defined existence," all three are potentially relevant for the development of post-traumatic response: (1) death—faced with a situation that is life threatening, authentic realization that one will not survive, (2) suffering—the overwhelming force of a situation cannot be escaped or resisted and renders one powerless, and (3) the boundary situation of the beginning—our parents and family of origin and ancestors, which Jaspers calls "the mythical line of beings I am sheltered in" (*P*2 163).

With the diagnosis of PTSD, the realm of human suffering is increasingly linked to neurophysiology and has entered psychopathology in a most real way, such that even clinical language cannot mask its far-reaching

[1] Bessel A. Van Der Kolk and Alexander C. McFarlane, "The Black Hole of Trauma," in Van der Kolk, B. A., Mc Farlane, A. C., Weisaeth, L., *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: Guilford Press, 2000), p. 4.

[2] Karl Jaspers, *General Psychopathology* (Chicago: University of Chicago Press, 1964), p. 224. [Henceforth cited as *GP*]

[3] Karl Jaspers, *Philosophy*, transl. E. B. Ashton, 3 vols (Chicago: University of Chicago Press, 1970), p. 177. [Henceforth cited as *P* with volume number]

impact on human life. In Jaspers' view, suffering is one of the unavoidable boundary situations that are an integral part of the human condition. He sees suffering as "a restriction of existence, a partial destruction; behind all suffering looms the specter of death" (*P2* 202). Jaspers' recognition of the existential impact of suffering has found its correlate in trauma research only a couple decades later.

Traumatic reactions occur in situations where no resistance or escape is possible; the human system of defense becomes overwhelmed and disorganized. The stressors creating an ultimate situation can be short lasting or repeated and long lasting. Natural catastrophes, near-fatal accidents, or sexual assault may leave behind similar imprints as do combat experiences, concentration camp or prison camp degradations, domestic violence, and child abuse. In both sets of circumstances—the actual near fatal-threat and the chronic captivity in a traumatic situation – responses may occur in different intensity based on the severity of traumatic exposure. Central to the experience of traumatic stress is the realization of powerlessness in the face of an overwhelming force. One's physiological response mechanisms are limited to a range of instinctual, behavioral, and cognitive reactions that are generally soft-wired into our nervous system. The interface of survival responses activated in the limbic system, brainstem-hypothalamus area, and a flooding of neurohormonal activation will mobilize energy in the nervous system, but will also lead over time to irreversible neurophysiological changes. In short, medical research suggests that glucocorticoid and catecholamins are regulating each other's effect in an acute fight-and-flight phase of stress.[4] Exposure to trauma-inducing events is correlated with high-sustained activation of the glucocorticoid levels that are toxic for the hippocampus resulting in short- and long-term memory loss. Likewise, the flooding with endogenous opoids in the withdrawal/surrender part of trauma response will lead to dissociation and stress-induced analgesia.

The existential threat of traumatic experiences correlates with Jaspers' concept of ultimate situation when facing death, as the widely used term "survivor" in trauma literature underlines its near-death association. When Jaspers suggests an opening to a broader range of experience of self if the reality of a boundary situation can be integrated by the shift of existence realizing its embeddedness in *Existenz*, his view is compatible with a modern position about one's search for meaning in the adaptation stage of after effects from trauma exposure. All confrontation with boundary situations can facilitate a movement to self-realization, a "leap" from existence to *Existenz*, "becoming the Existenz we potentially are" (*P2* 179). Jaspers explains,

> To experience boundary situations is the same as Existenz. We do not ask about them in existence; but when we are ourselves, they can make us aware of being. This happens in a *leap*: a mind which otherwise merely knows about boundary situations may, in historic, singular, non-interchangeable fashion, come to be fulfilled. The boundary thus plays its proper role of something immanent which already points to transcendence. (*P2* 179)[5]

There is a shared quality to the raw, destructive reality in natural catastrophes and war, and also in dominance and submission in interpersonal and intra-familial violence. *Grenzerfahrung* relates to the boundary experience of death and suffering and can be implemented for an understanding of the symptoms and treatment of people who suffer from traumatic events. A brief excursion into the psychology of trauma will demonstrate the conceptual relevance of boundary experiences.

The Psychology of Trauma

In the aftermath of WWI, the American psychoanalyst and psychiatrist Abram Kardiner started to treat war veterans, leading to the publication of *The Traumatic Neurosis of War* (1941), which became a cornerstone of trauma research. Kardiner coined the term "traumatic neurosis" in soldiers with intense combat experience. He describes their hyperarousal to external sudden stimuli, "These patients cannot stand being slapped on the back abruptly; they cannot tolerate a misstep or a

[4] Bessel A. Van Der Kolk, "The Body Keeps the Score: Approaches to the Psychobiology of Posttraumatic Stress Disorder," in Van der Kolk, B. A., Mc Farlane, A. C., Weisaeth, L., *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: Guilford Press, 2000), pp. 214-241.

[5] To this point, the Jaspers scholar Erwin Latzel remarks, "The illumination of *Existenz* sets strings vibrating in me, strings that rigorously objective thought cannot touch, it speaks to potentialities in me which might otherwise have remained hidden from me, but which may be decisive for my authentic being as human." Edwin Latzel, "The Concept of 'Ultimate Situation' in Jaspers' Philosophy," in Schilpp, P. A., *The Philosophy of Karl Jaspers* (La Salle, Il: Open Court, 1981), p. 190.

stumble. From a physiologic point of view there exists a lowering of the threshold of stimulation; from the psychologic point of view, a state of readiness for fright reactions."[6] He talked about "patients becoming stuck" in the trauma and frequently had what he called the Sisyphus dream. "In this type the individual is usually confronted with a persistent and unshakable frustration. Whatever activity he engages upon is greeted with a certain stereotyped futility."[7] "This sense of futility overtook them; they became withdrawn and detached even if they have functioned well prior to combat."[8] In alignment with Kardiner, a generation of psychiatrists, Walter Menninger, Lawrence Kolb, Herbert Spiegel treated "combat neurosis" in veterans by introducing hypnosis. They hoped to influence the deeply ingrained somatic conditioned responses and retrieve amnestic material for conscious reintegration.

Phrases like "transient situational personality disturbance" and "gross stress reaction" entered the *DSM-I* in 1952, and were replaced by "adjustment reaction" in *DSM-II* (1968), as the social aftermath of the Vietnam War happened on American soil. An army of returning soldiers descending on American cities and villages, with the laws of jungle combat written into their nervous systems, and no clinical diagnosis to describe adequately their personality changes. Cast into a society with no redeeming value for the war abroad and rapid changes in family structure and gender relationships did not effort a holding container for these men.[9] The official introduction of post-traumatic stress disorder is recorded in *DSM-III* (1980) and *DSM-III-R* (1987), in section "Anxiety Disorders." During the 1980s and 1990s, the more extended occurrence of covered up sexual abuse in families or in sexual assault came to the forefront. As Harvard psychiatrist Judith Herman put it, "Only after 1980, when the efforts of combat veterans had legitimated the concept of post-traumatic stress disorder, did it become clear that the psychological syndrome seen in survivors of rape, domestic battery, and incest was essentially the same as the syndrome seen in survivors of war."[10] By the time the *DSM-IV* (1994) was published,[11] the whole spectrum of trauma-related events ranged from natural catastrophes and war, prolonged captivity (atrocities in concentration camps and prison camps), to interpersonal and intra familial violence as a probable precursor to PTSD, depression, eating disorders, borderline personality disorders, and dissociative disorders.

In *DSM-IV*, trauma is described as an event where the person experiences actual or threatened death or injury to themselves or others, and due to the situation, an experience of overwhelming fear, helplessness, and terror occurs. During the trauma, one of the hallmark features of protective response is dissociation. Ranging from memory fragments that cannot be integrated into consciousness and reappear as intrusive thought, or images, nightmares, and flashbacks, dissociation can also lead to out-of-body experiences that leave the person emotionally anesthetized and unable to access the traumatic feeling or emotions, but eventually split off again into stressful situations. After exposure to a traumatic event, the person will attempt to integrate the experience by repeatedly re-experiencing the event in images, dreams, recollections, and flashback episodes. At the same time the person will attempt to avoid the reminder of the trauma, places, people, and develop hyperarousal around stimuli that bring memories of the trauma (difficulty sleeping, hypervigilance, exaggerated startle response). If the symptoms last for up to four weeks, the condition will fall under the diagnosis of Acute Stress Disorder (ASD). If this phase is not sufficient for trauma integration, PTSD will develop over time. "The posttraumatic syndrome is the result of a failure of time to heal all wounds. The memory of the trauma is not integrated and accepted as a part of one's personal past."[12]

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[6] Abram Kardiner, *War Stress and Neurotic Illness* (New York, NY: Paul B. Hoebber, 1947), p. 210.

[7] Abram Kardiner op. cit., p. 204.

[8] Bessel A. Van Der Kolk, Lars Weisaeth, and Onno Van Der Hart, "History of Trauma in Psychiatry," in Van der Kolk, B. A., Mc Farlane, A. C., Weisaeth, L., *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: Guilford Press, 2000), p. 57.

[9] The more traditional values in gender relationship in the first and second world war, as well as the loss of so many men in the war gave the returning soldiers a very redeeming status in their family systems and society. Nonetheless, the suffering of these often deeply traumatized men is inflicted on their family systems and shapes European culture still today.

[10] Judith Lewis Herman, *Trauma and Recovery* (New York, NY: Basic Books, 1997), p. 32.

[11] Task force on DSM-IV and other committees and work groups of the American Psychological Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*, 4th ed. (Washington, DC: American Psychiatric Association, 1994).

[12] Bessel A. Van Der Kolk and Alexander McFarlane, "The Black Hole of Trauma," in Van der Kolk, B. A., Mc Farlane, A. C.,

Additional symptoms of PTSD are described compulsive re-exposure to trauma (self-destructiveness, harm to others, revictimization), hyperarousal to neutral stimuli and inability to modulate arousal due to dysfunction of the autonomic nervous system. Jaspers already addresses the issue of trauma and its consequences in his *Allgemeine Psychopathologie*, originally published in 1913. Under "psychogenic reactions" he notes,

> But acute traumatic experiences may lead to very remarkable phenomena: 1. In the most vehement emotional upsets when there is desperate fear of death a *complete loss of adequate emotional response* has sometimes been observed—a marked apathy appears, a rootedness to one's place, with unfeeling, quite objective observations of events, as if one were merely registering them. (*GP* 367-368)

In current clinical terms, such response is called dissociation. Jaspers explains, "in the period *immediately after traumatic experiences* there may be the most vivid dreams (e.g. battle dreams of the wounded). There is a compulsion to see, hear and think the same thing over and over again. It haunts the individual's mind and he gets depressed, feels changed, cries, is tense and restless. Grief, it seems, is often not immediate but takes time to grow. After the first period of calm, there is violent reaction. We speak of a time-lag in affect" (*GP* 369).

The effect of a traumatic event tends to invade a person so profoundly that it will not stay in the past, the person is haunted by it in the present and the future, in waking life and during dreams. Such inability to escape from the original event lingers in permanent presence and brings forth a web of physiological changes that become soft wired into the person. In the literature, this sense of alienation from self and meaning can be modulated by the bonds we have with others, for example in combat trauma, the strongest protection against overwhelming terror is the level of relatedness between the soldiers.

Bonding and Trauma

The boundary situation of the beginning, with its sense of embeddedness in one's family of origin, can be a source of nourishment and stability for the developing human. An objectively empty concept of "parents in general" finds definite fulfillment only in my parents, who belong to me in a way that allows no substitution (*P2* 189). This is true in an existential sense and likewise mirrors research in infant development concerning the crucial role of secure attachment with one's primary caregiver in relation to early development of stress-modulation pathways. The ability to respond flexibly to stressors is entrained through earliest social interactions with one's primary care giver. One of the most recent frontiers in understanding trauma is the effect of secure attachment on brain development in the infant and stress regulation later in life, as well as multigenerational trauma patterns passed on through the mother-infant bond and other socio-cultural transmitters.

Research on predisposing factors that support adults in their ability to cope with trauma and respond with better adaptive measure to severe stressors points to infant development and secure attachment theory.[13]

> Secure attachment bonds serve as primary defenses against trauma induced psychopathology in both children and adults. In children who have been exposed to severe stressors, the quality of the parental bond is probably the single most important determinant of long-term damage.[14]

The advances in developmental psychology and neuroscience have brought more understanding to the importance of infant–mother (primary caregiver) relationship on stress adaptations in the developing brain. The right hemisphere development of the first two years is dominant for the human stress response and is closely related to the maturing limbic and autonomic nervous system of the infant. The primary caregiver is the source for an infant's stress regulation and sense of safety.

> The stress regulating systems that integrate mind and body are a product of developing limbic–autonomic circuits ... and because their maturation is experience

Weisaeth, L., *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: Guilford Press, 2000), p. 7.

[13] Cf. the groundbreaking work by John Bowlby and Mary Ainsworth.

[14] Bessel A. Van Der Kolk, "The Complexity of Adaptation to Trauma," in Van der Kolk, B. A., Mc Farlane, A. C., Weisaeth, L., *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society* (New York: Guilford Press, 2000), p. 185.

> dependent, during their critical period of organization they are vulnerable to relational trauma.[15]

In attachment theory, the mother or primary caregiver play a critical role in instilling a rhythm of soothing and stimulation for the child's developing nervous system, a function that is called "affect attunement." In abuse or neglect of the child, or in early separation from the mother, the disruption of the infant–mother attachment bond will lead to a regulatory failure in disturbances in limbic activity, hypothalamic dysfunction, and impaired autonomic homeostasis. Allan Schore describes this as follows: "The dysregulating events of abuse and neglect produce extreme and rapid alterations of the ANS sympathetic ergotropic hyperarousal and parasympathetic trophotropic hypoarousal that create chaotic biochemical alterations, a toxic neurochemistry in the developing brain" (*EER* 212). He postulates further, "the infant posttraumatic stress disorder of hyperarousal and dissociation thus sets the template for later childhood, adolescent, and adult post traumatic stress disorders" (*EER* 213).

Another line of research related to transgenerational effects in trauma transmission involving fathers has been studied in children and spouses of combat soldiers and prisoners of war survivors. In an response to a father's post traumatic stress disorder from combat trauma, the child developed fantasies similar to the father's flashbacks, a condition that is coined by Rosenheck and Nathan as "secondary traumatization."[16] This multigenerational approach to trauma research has not yet found conclusive modes of transmission, but the passing down of traumatic fragments in family systems has been observed in survivor's families after the Holocaust as well as in Nazi family systems. In a three generation survey on Jewish and non-Jewish German families, the authors found that in the family of victims, the next generation might be "blocking the information about the family past, acting out the past trough fantasies and psychosomatic reactions, fear of extermination, guilt feelings, and disturbed autonomy processes." While in descendants of Nazi perpetrators, "their children and their grandchildren protect themselves from having to be aware of the gruesome activities of their near and dear. They also try to ward off feelings of guilt, as well as the fear that they themselves will be judged by the grandparents or parents as unfit to live."[17]

Multigenerational Trauma Therapy

Systemic Family Constellation Work finds increasing clinical application in the treatment of therapy-resistant addictions, eating-, mood-, and anxiety disorders in families with multigenerational trauma histories. This trauma work attends to the breaks and rifts in intrafamilial relationship over several generations related to the trauma of loss, exclusion, and early separation, as well as victim–perpetrator issues and crimes, and its accumulative effect on early attachment and illness formation in family members. The method recognizes a transmission of free-floating trauma fragments of ancestors in the subconscious memory field of a current system, and addresses the unconscious identification of descendants with such memory fields.

When Jaspers talks about "the mythical line of beings I am sheltered in" (*P2* 163), we take this as an invitation to open up the narrative of trauma therapy and include the ones who came before us as a blessing and safe holding-container, or likewise, as a source of underground disturbance which might hold messages that one needs to retrieve for healing. The way traumas are healed in tribal cultures, by calling-in the community as witness and support, is similarly mirrored in the contemporary approach of Systemic Family Constellation Work. Its founder, Bert Hellinger, synthesized his background in psychoanalysis and family and body therapy into a phenomenological group-therapy approach. Drawing from Jakob Moreno's psychodrama and Virginia Satir's family sculpting, Hellinger was also influenced by Ivan

[15] Allan N. Schore, "The Effects Of Early Relational Trauma On Right Brain Development, Affect Regulation, And Infant Mental Health," in *Infant Mental Health Journal*, 22(1-2), 2001, p. 7. [Henceforth cited as *EER*]

[16] R. Rosenheck and P. Nathan, "Secondary Traumatization in Children of Vietnam Veterans," in *Hospital and Community Psychiatry*, 36(5), 1985, pp. 538-539. Cited in Michelle R. Ancharoff, James F. Munroe, and Lisa M. Fisher, "The Legacy of Combat Trauma. Clinical Implications of Intergenerational Transmission," in *International Handbook of Multigenerational Legacies of Trauma*, Yael Danieli, ed. (New York and London: Plenum Press, 1998), p. 257.

[17] Gabrielle Rosenthal and Bettina Völter, "Three Generations in Jewish and Non-Jewish German Families after the Unification of Germany," in *International Handbook of Multigenerational Legacies of Trauma*, Yael Danieli, ed. (New York and London: Plenum Press, 1998), p. 299.

Boszormenyi-Nagy's concept of "invisible loyalties," where transgenerational debts and credits related to unresolved injustices and traumas are passed on to future generations to solve.[18]

Hellinger also found that uncovering unresolved traumas in the lineage and unconscious commitments of descendants were vital in finding successful solutions for the family and the individual. Family Constellation work is a journey into remembering, honoring, and including of family members who had traumatic lives. Its outcome unburdens the current generation from identification with ancestral wounds that Hellinger calls "entanglements." Members of a family system are subconsciously bound to the traumatic fate of their siblings, parents, or other family members of the previous generations through a subconscious memory field that holds the imprints of traumas and gets reenacted in the constellation experience, called the "knowing field." One major assumption of the work is, that an archaic lineage-conscience that regulates survival for the group shows itself in an inborn sense of bonding of family members who belong to the system by birthright. The traumas addressed in this work center around

- loss of family members, through early death of parent(s) and siblings, stillborn children
- exclusion of family members due to adoption, illegitimate children, institutionalization (physical, mental handicap)
- victim–perpetrator issues, crimes in or outside the family
- loss of country and home, forced relocation

> Nobody can be excluded without the family soul seeking redress. When a family member is cast out of a family and denied his or her right to belong, then it very often happens that another member of the family, sometimes two or three generations later, unconsciously identifies with that excluded person and feels pressure to leave the family in some way as well.... This person then imitates that excluded person, has the same feelings as the excluded person perhaps, follows the same patterns of living as the excluded person, without consciously knowing why.[19]

In traumas of loss and exclusions, the systemic effects on the family system are similar to the hallmark symptoms of PTSD, only extended over generations: avoidance of the trauma, amnesia for the trauma, alienation and intrusion of trauma fragments, and re-traumatization. In avoidance, pain of loss will numb intrafamilial connections, prevent speaking about the beloved person or the unfortunate event, until the story is lost. Shameful events that surround unjust exclusions, like adoption or an institutionalization, a crime or perpetrator in the family will become secrets and subject to amnesic loss. Likewise, the alienation after loosing one's country and home after war or forced political exile, uproot the system with a yearning for belonging in the second generation. The intrusion of trauma fragments will surface over the next generations in dreams and inner psychic states, physical and emotional symptoms of descendants, as a reminder of a broken bond to somebody who belongs to the system, but is not remembered. The re-traumatization of family members can get mirrored in the transgenerational occurrence of abuse and domestic violence.

The constellation process is generally done in a group of 10 to 20 participants, the trauma information over the last 3 to 4 generations is collected prior to a personal constellation, and participants are screened for emotional stability.

The basic assumptions of the therapy are communicated to the group at the beginning. No family information is disclosed, and although only one or two family members will attend the workshop, the constellation results show effects on the entire family system. Group members (representatives) are selected in a choreographed manner to represent family members, and are then guided by the facilitator through a relational process that is relevant for the particular family system. With no information released to the group about the person they represent, the participant will start to resemble this person in emotional- and body states by resonating with the aforementioned knowing field, a subconscious memory field of the family system. Based on these premises, we have repeatedly observed the occurrence of non-linear phenomena, and we do recognize that the events are currently outside the range of accepted scientific explanation. The participant (constellator) will first select group members to represent his family of origin, and position each "family member" in an intuitive pattern that expresses his or her perceived relationship

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[18] Ivan Boszormenyi-Nagy and Geraldine M. Spark, *Invisible Loyalties: Reciprocity in Intergenerational Family Therapy* (New York, NY: Brunner/Mazel, 1984).

[19] Bert Hellinger and Hunter Beaumont, *Touching Love: Volume 2* (Heidelberg: Carl-Auer-Systeme Verlag, 1999), p.12.

of these family members to each other (the constellation). The constellator will observe the unfolding of the constellation, as he also chooses a representative for himself. In the introductory phase of a constellation, the basic relational patterns in the family become visible. Later in the reconciliation phase, the constellation facilitator will choose additional representatives to stand in for ancestors, without disclosure to the group who they are. During this phase, the basic identifications (the entanglements) of members of the family of origin with parents, grandparents, great-grandparents, but also with victims of the family, or perpetrators become visible.

The process of trauma reconciliation in a constellation follows very simple therapeutic guidelines of empathic acknowledging, honoring, and integrating the excluded ancestor into the existing family system. Suitable movements and gestures, like bowing, embracing, or holding are used to re-enact pre-verbal conscious states reminiscent of primal trust or safety. The use of rituals, like the formation of gender-specific lineage lines, re-creates the kinesthetic body memory of ancestral support.[20] Other bonding rituals, such as an "interrupted movement toward the mother," or mirroring and holding rituals are powerful reparation tools for early separation experiences (e.g., death of mother, adoption, early hospitalization). During this phase, representatives will unconsciously access traumatic memories, and with the aid of selected sentences provided by the facilitator, they will now deepen the experience and make the hitherto unconscious systemic bonds of entanglements fully visible.

This is the place in the constellation where, in Jaspersian terms, the leap happens; the boundary opens up and reveals the potential situation of reintegration. Now, the terrifying is fully looked at, acknowledged, and embraced by the family member to whom it had happened. For Jaspers, the inevitability of suffering in the boundary situation is a precondition for the awakening *Existenz*.

> I take up my cross as the lot that has been cast for me.... I fight my suffering, trying to limit and postpone it; but however alien it is, I still find it belongs to me.... Everybody must bear and fulfill his burden. No one else can relieve him of it. (*P2* 203)

The floating trauma finds it home again and loses it's hold on the descendant. As the psychiatrist and constellation facilitator Albrecht Mahr states,

> Usually, as soon as the dead are remembered and their fates acknowledged, they are able to withdraw and become guardians of the living, bestowing their blessing and benevolence on them. In this way, even after decades, the living and the dead can help to heal each other.[21]

After several such integration points are processed, the final stage of the constellation is reached, and the constellators will report more congruent emotional and body states, heightened sense of wellbeing, and increased connection to the other family members. The constellation experience serves as a template for change, by watching the constellation, the constellator goes through a cathartic experience of tracing the various states and reactions of his family members and himself as he can observe them in the behavior of the representatives. This externalization of the hidden family dynamics around traumatic experiences, and the open acknowledgement and honoring of family bonds and loyalties will infuse a blocked system with expanded awareness and new relational patterns. Such vital energy of the system that was held in avoidance and amnesia will now utilize this newly found connectedness between family members. Consequently, alienation will morph into bonding and re-traumatization is avoided by a system that is now more capable to communicate with one another and also with one's larger social net.

From the viewpoint of a representative, the constellation experience will also demarcate one's own boundaries of perception. For example, I recall several constellations were descendants of Nazi perpetrators participated in the same constellation workshop with descendants of Jewish systems who lost family in concentration camps. Unknown to them, Jewish people represented Nazi perpetrators and Germans were in the representation of Jewish ancestors who died in concentration camps. The profound impact of literally experiencing the "forbidden" fate of the victim-

[20] For example, a representative for each descending generation stands in front of the previous generation to build a field mass where each member of the lineage contributes to a noticeable larger space of support, strength, wisdom, and acceptance.

[21] Albrecht Mahr, "How the Living and the Dead Can Heal Each Other," in *The Knowing Field: International Constellations Journal*, 6, June 2005, p.4.

perpetrator of one's family system is a boundary experience in Jaspersian terms, and at the end of such constellations, a vaster, embodied understanding of a frontier crossed into larger *Existenz*—forever.

The constellation experience acknowledges the enormous existential challenge of traumatic experiences as boundary situation. "They are like a wall we run into, a wall on which we founder" (*P2* 178). In an reenactment of ancestral trauma, a Jaspersian boundary situation can arise and, through the metaphorical honoring and remembering of the ancestor, a leap can happen where an event which took place decades ago finally will be embraced in its totality, finding peace in that ancestor, restoring his dignity. In the ultimate situation of trauma, suffering cannot be avoided, the situation is bigger than our perceptions of self and other, and transcends our worldview. "When the origin of suffering itself becomes dependent, it acquires an uncomprehended meaning. It is embedded in the absolute. It is not chance any more that dooms me to be forsaken: my suffering is a phenomenon of Existenz in existence" (*P2* 204). In constellation work, the vastness of a phenomenological state is connected with reliance on "the knowing field" as intelligence, interconnection, and embeddedness in the biological systems we come from. This is what Jaspers recognizes in the boundary situation of the beginning.

> My beginning is not *the* beginning. I look beyond my beginning and see that it has evolved. Beyond my birth I look upon an unlimited process of that evolution, without any ground being touched as the first beginning. (*P2* 189)